

INSTRUCTIONS FOR RENEWING A CERTIFICATE OF CLEARANCE

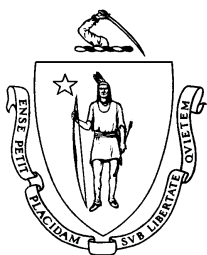
In order to renew a Certificate of Clearance, the application packet must include all of the items listed below. Incomplete or illegible applications will be returned to the S-license holder and the Certificate of Clearance will not be renewed. For more information about the Certificate of Clearance, please reference the instructions for obtaining a new Certificate of Clearance. The submission for renewal must include:

1. Completed renewal attestation form including all required signatures (below).
2. A legible copy of a government issued photo identification issued to the employee and signed by them (e.g. driver's license).
3. A check made out to the "Commonwealth of Massachusetts" for the non-refundable \$50.00 application fee.

All of the above items should be mailed together to:

Department of Public Safety
Certificate of Clearance renewal
One Ashburton Place, room 1301
Boston, MA 02108

Please do not mail the criminal record with the application packet unless the individual has been convicted of a felony or crime of moral turpitude. If the individual has been convicted of a felony or crime of moral turpitude and has been granted a Certificate in the past, please include a copy of the letter issued by the Commissioner acknowledging the grant.



The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

TTY (617) 727-0019

www.mass.gov/dps

ATTESTATION FOR RENEWAL OF CERTIFICATE OF CLEARANCE

This application must be completed by an S-licensee for each person employed by them.

Please include the following items with the application:

- A non-refundable check made out to the Commonwealth of Massachusetts for \$50.00
- A legible copy of a government issued identification (ex.: driver's license) bearing the employee's photograph and signature.

PART I. Employee Information:

Full Name _____

Social Security # _____

Home address _____
(Street) (City/Town) (State) (Zip Code)

Daytime Telephone No. _____

E-mail address _____

Name of Employer _____

Employer's Address _____
(Street) (City/Town) (State) (Zip Code)

Employer's Telephone No. _____

Employee's job title and responsibilities _____

Date of Birth _____ **Place of Birth** _____

Mother's Full Maiden Name _____

Mother's Place of Birth _____

Father's Full True Name _____

Father's Place of Birth _____

Please list the names and addresses of all of the applicant's employers for the three years preceding the date of this application. (Please attach additional sheets if necessary)

Present Certificate of Clearance number: _____

Please list any professional licenses held by the employee:

I hereby attest under the pains and penalties of perjury that the above information was provided to me by the employee. To the best of my knowledge, all provided information is accurate.

Signature of S-License holder S-license number expiration date of license

I hereby attest under the pains and penalties of perjury that the above information is accurate.

Signature of employee

PART II. Criminal Background Check Report:

Have you completed a criminal background check on this employee in the past 30 days?

- ☐ Yes
☐ No, the following information was obtained from a criminal record report received on the following date _____

Has the employee disputed the results of the criminal background check?

- ☐ Yes
☐ No

If you answered “yes” to the previous question, please explain the dispute. (You may attach additional sheets if necessary).

According to the criminal background check, the employee:

- ☐ Has no record
- ☐ Has been convicted of at least one misdemeanor
- ☐ Has been convicted of at least one felony
- ☐ Has no convictions, but has cases pending/open cases

**** Please review the Department of Public Safety’s “S-License Crimes Classification Chart” to determine whether a crime is a misdemeanor or a felony. The chart can be viewed on the S-License link of the DPS website (www.mass.gov/dps). If you are unable to locate a particular crime on the chart, please contact the Department of Public Safety.**

If the applicant has been convicted of a misdemeanor, please indicate whether the misdemeanor(s) is a crime of moral turpitude.

- ☐ No, the applicant has not been convicted of a crime of moral turpitude.
- ☐ Yes, the applicant has been convicted of a crime of moral turpitude (please indicate the crime(s))

**** Please review the Department of Public Safety’s Criminal Classification Chart for each misdemeanor to determine whether the misdemeanor constitutes a crime of moral turpitude.**

If the applicant has been convicted of a felony or crime of moral turpitude, the circumstances surrounding the conviction may be explained below. The Commissioner will consider reasonable explanations in determining whether to issue a Certificate of Clearance. Please also attach a copy of the individual’s criminal record and any other supporting documentation the applicant wishes to be considered.

I hereby attest under the pains and penalties of perjury that to the best of my knowledge, the above information relative to the criminal background check is true and complete.

Signature of S-license holder

S-license number

Date